



State of Rhode Island

Department of State - Business Services Division

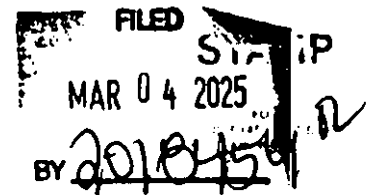
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 001706915		2. Exact name of the Corporation C.J.A. PROPERTY, INC.			
3. Principal Office Address 36 SHIPPEE AVENUE		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Management.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLES FACTOR			Vice-President Name WANDA FACTOR		
Street Address 36 SHIPPEE AVENUE			Street Address 36 SHIPPEE AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name CHARLES FACTOR			Treasurer Name WANDA FACTOR		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHARLES FACTOR			Director Name WANDA FACTOR		
Street Address 36 SHIPPE AVENUE			Street Address 36 SHIPPEE AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/STRIKES		PAR VALUE	
100		COMMON		\$0.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative CHARLES FACTOR, PRESIDENT					Date 2-25-25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov